

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
JACKSON DIVISION

MELVIN GRAYER, #08710

PLAINTIFF

VERSUS

CIVIL ACTION NO. 3:12-cv-660-DPJ-FKB

GEO CORPORATE OFFICE GROUP, INC.,
M.D.O.C.,
E.M.C.F.,
C.M.C.F.,
MS. FERGERSON,
GLORIA PERRY,
GEO WARDEN VINCENT HORTON and
JOHN AND JANE DOES

DEFENDANTS

ORDER

Upon consideration of the conditions of confinement complaint filed pursuant to 42 U.S.C. § 1983 by the plaintiff in the above entitled action, the court notes that the plaintiff failed to complete the appropriate application to proceed in forma pauperis. Accordingly, it is hereby

ORDERED:

1. That within thirty (30) days of the date of this order, plaintiff shall either pay the required \$350.00 filing fee or file a completed application for leave to proceed in forma pauperis, specifically the section entitled "Certificate to Be Completed by Authorized Officer" of prison accounts or file an affidavit specifically stating the name of the prison official contacted concerning the Certificate and why this information is not provided to this court.

2. That Plaintiff be informed that his failure to timely comply with the requirements of this order may lead to the dismissal of his complaint.

3. The Clerk shall mail the attached in forma pauperis application to the plaintiff at his or her last known address.

Failure to advise this court of a change of address or failure to comply with any order of this court will be deemed as a purposeful delay and contumacious act by the plaintiff and may result in the dismissal of this case.

THIS, the 21st day of September, 2012.

s/F. Keith Ball
UNITED STATES MAGISTRATE JUDGE

AMENDED REQUEST TO PROCEED *IN FORMA PAUPERIS* AND
DECLARATION IN SUPPORT THEREOF

I, _____, am the plaintiff in the above entitled case and request leave to proceed without being required to prepay fees or costs or give security therefor. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore, and that I believe I am entitled to redress.

I declare that the responses which I have made below are true.

1. Are you presently employed? Yes _____ No _____
 - a. If the answer is yes, state the amount of your salary per month and give the name and address of your employer. _____

 - b. If the answer is no, state the date of last employment and the amount of the salary per month which you received. _____

2. Have you received within the past twelve months any money from any of the following sources?
 - a. Business, profession, or form of self-employment? Yes _____ No _____
 - b. Rent payments, interest, or dividends? Yes _____ No _____
 - c. Pensions, annuities, or life insurance payments? Yes _____ No _____
 - d. Gifts or inheritances? Yes _____ No _____
 - e. Any other sources? Yes _____ No _____

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months. _____

3. Do you own any cash or do you have money in a checking or savings account? Yes _____ No _____ (Include any funds in prison accounts)

If the answer is yes, state the total value owned.

4. Do you own any real estate, stocks, bonds, notes automobiles, or other valuable property (excluding household furnishings and clothing)? Yes_____ No_____

If the answer is yes, describe the property and state its approximate value. _____

5. List the persons who are dependent upon you for support; state your relationship to those person; and indicate how much you contribute their support. _____

I understand that a false statement or answer to any question in this declaration will subject me to penalties for perjury.

Signature of Plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 20_____.

Signature of Plaintiff

-----MUST BE COMPLETED BY PLAINTIFF-----

Authorization for Release of Institutional Account Information and
Payment of the Filing Fee

I, _____, _____
(Name of Plaintiff) (Prisoner Number)
authorize the Clerk of Court to obtain, from the agency having custody of my person, information about my institutional account, including balances, deposits and withdrawals. The Clerk of Court may obtain my account information from the past six months and in the future, until the filing fee is paid. I also authorize the agency having custody of my person to withdraw funds from my account and forward payments to the Clerk of Court, in accord with 28 U.S.C. Section 1915.

(Signature of Plaintiff)

(Date)

IT IS PLAINTIFF'S RESPONSIBILITY TO HAVE THE APPROPRIATE PRISON OFFICIAL
COMPLETE AND CERTIFY THE CERTIFICATE BELOW.

CERTIFICATE TO BE COMPLETED BY AUTHORIZED OFFICER
(Prisoner Accounts Only)

I certify that the applicant named herein has the sum of \$ _____
on account to his credit at the _____ institution where he is
confined. I further certify that the applicant likewise has the following securities to his credit
according to the records of said institution:

_____.

I further certify that during the last six (6) months the
plaintiff's average monthly **balance** was \$ _____.

I further certify that during the last six (6) months the
plaintiff's average monthly **deposit** was \$ _____.

TELEPHONE NUMBER
OF OFFICER FOR VERIFICATION

AUTHORIZED OFFICER OF INSTITUTION

PRINT NAME OF AUTHORIZED OFFICER

DATE

RETURN COMPLETED FORM TO:
U. S. DISTRICT CLERK
P.O. BOX 23552
JACKSON, MS 39225-3552